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No. 1.

ON DISEASES OF THE JOINTS.

FROM MR. LISTON'S LECTURES AT THE UNIVERSITY COLLEGE HOSPITAL.

Excision of the joints, said Mr. Liston, was an operation which had been practised, he feared, rather indiscriminately, in cases where, perhaps, complete rest might have saved the patient the suffering and risk of an operation; or again, where the disease was so far advanced that no hope of recovery from this operation was left. It was, however, a highly advisable and successful proceeding in many cases. There was, generally speaking, little difficulty in effecting the disarticulation, the ligaments being almost destroyed; though, in the case of the elbow which was operated on the other day, there was a great deposit of new bone round the diseased part, with a condensation of the soft parts, which rendered the proceeding somewhat more difficult than usual. This deposit of new bone, as he had already remarked, would disappear by absorption after the ulcerated and unsound articulating ends were removed; further, it was not at all necessary to interfere. Young subjects might, after excision, recover some useful motion of the elbow-joint; the muscles of the neighborhood formed new attachments, new ligaments were formed, and bone deposited. This was not to be expected in the adult, in whom it was a safer and better plan to endeavor to obtain a stiff joint at the most favorable angle.

Disease of the Shoulder-joint was of less frequent occurrence than any of the others. This disease was indicated by wasting and weakness of the affected limb; indeed, in the primary stages of the affection, the weakness was the only sign to lead to a supposition of the real state of the case. You would find the deltoid, supra spinatus, and other neighboring muscles, wasting away without pain or much annoyance to the patient, except when the joint was moved, so as to bring the articulatory surfaces in contact. The limb became loose in consequence of the ligaments being softened, and there was great latitude of motion in every direction. Unless the progress of the disease was soon checked, it rapidly gained ground. The disease generally commenced in the synovial membrane, and then ulceration of the surface of the bones forming the joints took place. In the first stage of the complaint absolute repose of the limb, by means of a sling and a splint, formed of thin skirt leather, was the proper proceeding. When pain was present, counter-irritants were to be employed, and repeated blisters, formed by means of the nitrate of silver, was one of the most efficient means of carrying

this into effect. An issue might be formed on each side of the joint, by imposing a bit of potassa fusa, the size of a split pea, and confining it by a bit of lint and plaster for a few hours. This was quite as efficient and much less appalling and painful than the actual cautery in any form, moxa or other. Peas were not necessary, as dressing the part with ointment of tartarized antimony, when it was likely to heal, for an hour or two, was quite sufficient to refresh it and restore the discharge. The patient's health must also be looked to, and the preparations of iron were among the most useful. The disease, however, would frequently go on in spite of every plan, or the patient might not apply sufficiently early to carry these proceedings into effect; not coming under the eye of the surgeon until matter had formed in all directions, and the joint had become thoroughly disorganized. In such a case as that, means must be taken to remove the cause of the local disturbance; and as it would be cruel, under such circumstances, to amputate the limb, the operation of resection should be resorted to. This operation had been practised by Messrs. Bent, Orred, Moreau, Morel, Syme, and himself. Mr. Blackburn had alluded to the cases which he (Mr. L.) had treated, and complains that he could procure no satisfactory account of them, so that he might render them available in his paper. As he (Mr. L.) was settled in London at the time the paper was written, he felt rather surprised that no application had been made to him for the particulars, both of these and the operations on the elbow and other joints, which he would have willingly furnished. He had performed the operation on the shoulder three times successfully, and the parts removed were before them. The operation of excision of the shoulder was one which must vary according to the extent of the disease. In some cases it was sufficient to remove the head of the humerus; while in others, portions of the scapula must be taken away. In some cases the glenoid cavity was sound, but the end of the acromion and clavicle required excision. It was done in this case by means of the cross-cutting forceps, with difficulty; the saw could not be well employed in this part of the operation.

Disease of the Foot.—The great toe was very frequently diseased; the smaller toes were not nearly so often affected; he had seen, he should think, not more than ten or twelve cases of disease in the small toes during the last fifteen years. The great toe was much more exposed to injury than any of the others. The disease commenced either in the bone itself, or in the articulations; and here were a great many specimens in which it had taken place in the metatarsal bone. Sometimes it commenced in the bone, and implicated the joint, while it often, again, commenced in the articulations, and, most frequently, in that one between the metatarsal bone and phalanx. Here is a specimen removed a few days ago from an unhealthy lad, in whom swelling and pain on the inner part of the foot came on without any assignable cause, and a collection of matter formed. He (Mr. L.) suspected, at first sight, that the bone was diseased. The abscess was opened freely, and on introducing a probe, some days afterwards, it was found to pass into the cancellated structure. The disease, as they might perceive,

lay betwixt the head of the metatarsal bone of the great toe and the internal cuneiform bone, which was also extirpated. Here was a specimen of necrosis in the same situation.

He had already stated that he had seen the metacarpal bone of the thumb removed, the organ being afterwards useless. The metatarsal bone of the great toe had also been taken out; amputation, he was now fully convinced, would have been a more advisable proceeding—one attended with much less pain. Generally speaking, the entire of the part diseased, and a portion of the sound bone beyond, should be removed. The amputation might be performed at any of the articulations; or, again, it might be necessary to divide the bone in its middle, as in the disease in the metatarso-phalangeal joint. The removal of the whole of the metatarsal bone was frequently rendered imperative. Even the bone supporting that, the internal cuneiform, as they had witnessed, circumstances might demand the removal of. The cutting forceps introduced by him (Mr. L.), many years ago, into the surgical apparatus, afforded great facility in many of these operations. The sole of the foot and palm of the hand, when the use of this instrument was well understood, did not require to be encroached on, and hence there was much less trouble from hæmorrhage, the plantar or palmar arches being generally uninjured.

There was often very extensive disease of the foot, involving the entire chain of bones running across it, the whole of the tarsal bones, or the articulations between them, becoming affected, from which it sometimes became necessary to remove the foot by Chopart's operation. Again, the disease might only involve one bone, as, for instance, the cuboid, or os calcis; and in some cases the joints were untouched, though, generally speaking, they were more or less affected. A common seat of the disease was in the articulation between the astragalus and os calcis, and this soon spread to the other bones and joints of the foot. In this case (showing a recent specimen) it is probable the disease commenced in the bone—the os calcis, as could be observed, was a mere wreck. It was in the synovial apparatus betwixt the bones, on the other hand, that the disease in the patient Tuck seemed to have originated. Disease of these parts, like that in other joints, soon involved the neighboring parts. In this case there were swelling, pain, and inability to use the limb; abscesses formed around; these burst, forming a number of sinuses, which ran across the joint, and led to the bones. In one of the cases in question, the abscesses appeared betwixt the tendo Achillis and the bones of the leg. Rest, counter-irritation, and supporting the patient's health, is the plan of proceeding in the early stages, and this must be for a long time persevered in. It was well to make the patient walk about, resting upon the knee, on a wooden leg, instead of using crutches. In advanced cases any plan was often unavailing, the knife being at last required. When this was determined on, it would remain to be considered what would be the best plan of amputating, and this would depend, in a great measure, upon the means which the person has of getting proper apparatus. Now and then, however, in diseases of the foot, the member might be saved by a par-

tial removal of the bones, as when the disease was situated in the cuboid bone, or calcaneum. An incision, to effect this, should be made in the external parts, and the diseased portion removed by a small trephine, scoop or forceps. Sometimes a carious cavity had to be dealt with, and occasionally portions of dead bone might be taken away, with a fair prospect of permanent recovery. One or two such cases had been so treated in this hospital. Resection might be resorted to occasionally, even where the tibio-tarsal articulation was affected. He had performed this operation several times when in the north. He had, indeed, removed the whole of the ankle-joint, successfully, in two instances; the only inconvenience arising from the operation consisted in the limb being rather shorter and the joint stiff. He had seen those two individuals walking stoutly and well, many years after the operation, and they might be forthcoming yet perhaps. In cases of accident, where the end of the tibia, sometimes with the fibula and astragalus, had been thrown out of their place, the removal of the protruding portion was, as they must be aware, an advisable and successful proceeding, and one which had often been practised by many good surgeons, as Park, Gooch, Hey, Sir A. Cooper, &c. &c.

They had lately witnessed a very rapid recovery after the removal of more than an inch and a half of the articulating end of the tibia. The circumstance of the fibula being entire or not (and it seldom did escape in this injury) had a considerable influence on the cure, as regarded its rapidity and the usefulness of the member. The diseases of the knee and hip-joints are still to be considered.

PHLEGMONOUS INFLAMMATION OF THE ABDOMEN.

(Communicated for the Boston Medical and Surgical Journal.)

H. G. H., of Spencerport, of a bilious sanguino-phlegmatic temperament, the bilious predominating, a man naturally of strong mental as well as physical powers, but whose constitution had been somewhat impaired by repeated and severe attacks of bilious disease, by trade a carpenter and joiner, had been engaged for about six weeks previous to being taken sick, in a Methodist protracted meeting, of which he was a class-leader. He was subjected through the day, and usually till 10 or 12 o'clock at night, to a heated and crowded house, with great mental and physical excitement, and would then go out in the chilly night air, and walk a mile. Being naturally quite fleshy, his system was kept constantly on the brink of disease. When taken down, he was engaged in painting over head. First complained of languor and lassitude, followed by chills and flashes, with slight pain and soreness in the right iliac region. On examination discovered ecchymosis, or a black and blue spot, directly over the seat of the pain. Sent for a physician, Dr. Washburn. This was Tuesday, April 24th, 1838. Dr. W. came and bled him; administered a large portion of calomel in divided doses, followed with salts and senna, after the operation of which, he was put upon a solution of emetic tartar, in nauseating doses, alternated with *spt. nit. dulc.*

and Dover's powder. The bleeding was repeated the next day, with a calomel purge the day following.

This course was continued, save the bleeding, till I saw him on Sunday, the 29th. Kept him upon the same through the day, considering what had been done highly proper and efficient. At this time there was a general tumefaction over the bowels. Complained of excruciating pain on the passage of physic; in fact, blood and mucus, in considerable quantity, passed from him, attended for a day or two with almost an entire suppression of urine; what little did pass was high colored, thick and muddy. On Monday we put him on deobstruent doses of calomel once in 4 hours, Dover's powder, with an increase of opium to allay the severe pain in the bowels; sul. nit., spt. nit. dulc., mucilage gum arabic, as diuretics. On Tuesday night discovered the gums were slightly touched. Followed the next day with salt and senna, giving just before the operation a dose of the antimonial solution, so as to induce severe nausea, which was followed by vomiting and purging, in immense quantities, of a dark, grumous, bilious matter, surpassing in quantity anything I ever saw before. At this period there seemed to be a breaking up of the disease. The coat began to peel off the tongue; urine abundant and of natural color; perspiration free; in fact, all the secretions became free and abundant, with quite a strong desire for food the day following. We now anticipated immediate convalescence. The disease had been looked upon as a bilious fever of the remittent type, by Dr. Washburn and myself. There was an exacerbation of fever night and morning, complicated with congestion of the walls or parietes of the abdomen, and there had been constantly more or less tumefaction, which at this time subsided, with the exception of a tumor about the size of an inverted tea-saucer, in the situation of the ecchy-mosed spot.

From this period convalescence stopped; the patient complained of great pain in the tumor; the pulse became quick and wiry; no desire for food, with sickness and nausea. On Friday, my friend Dr. Edson, of Scottsville, saw him in council, and considered the tumor to be phlegmonous inflammation; thought it might be discussed, but that no matter would form; to effect which, he advised to keep up a slight mercurial action with the blue pill; the other medicine the same; and in addition to the poultices which we had applied from the first to the tumor, an ointment of 1 drachm of iodine, 10 grs. per chloride mercury, 1 oz. lard. He remained much in the same state till Monday following, when by throwing off the clothes from him, or some other cause, there was a sudden and violent increase of the inflammation, with a change of place; the tumor now extending as high up as the ribs, and involving the whole umbilical region. At this time Drs. Edson, from Scottsville, and Elwood, from Rochester, saw him. They now thought suppuration would take place; advised to continue the same course, with blistering. A blister applied. From this time the patient grew worse for a few days; excruciating pain; the pulse quick and wiry; the coat again peeled from the tongue, leaving it dry and parched, and of a fiery-red color. We now looked on the case as fatal. But in a day or two the most

alarming symptoms subsided, the pulse became slower and softer, the tongue moist and slightly coated, the fever greatly abated, with perspiration, sometimes profuse. He still complained of constant and severe pain in the tumor. From this time forward warm mucilaginous poultices were constantly applied, principally slippery elm; his bowels kept open with gentle cathartics; sal. nit., spt. nit. dulc., crem. tart., mucilage gum arabic, were alternately given at regular intervals, with Dover's powder on a rise of fever, and constantly at night, with an increase of opium to procure rest from the harassing pain.

On the 28th of May signs of suppuration came on, chills and rigor, with a slight abatement of pain; evident fluctuation was soon perceived. And now there was great anxiety with patient, friends and neighbors, to have the tumor opened, as a great deal of alarm and fear had been entertained that when suppuration took place, it would break the inside and produce certain death. This result was predicted by a physician, who said he had known a case of the kind. I tried to disabuse them of these fears. As far as my limited knowledge extended, no case of the kind had ever been reported; for it is an established law of the animal economy that all formations of matter tended to the surface, and when they opened of themselves it was always externally; therefore no fears need be entertained. But such anxiety was manifested, that on the 4th of June I made an incision into it, probably to the depth of one and a half inches, through the sound flesh. A small quantity of matter followed the instrument, but no more. The operation, for a day or two, seemed to aggravate the symptoms, as I have seen it in case of inflamed breast, where an opening has been made too early, for the sake of quieting the woman. A tent was inserted in the wound to keep it open. On the 7th day from this, the 11th of June, the tumor was at its largest size. From one iliac region to the other, it measured about 8 inches, from the pubis to the epigastric between 7 and 8. By inserting a probe into the opening, to the bottom of the abscess, it was $4\frac{1}{2}$ inches. On enlarging the opening, by a new incision, matter flowed freely; the precise quantity not known, but supposed to be a number of pints.

From this time the tumor decreased, and he convalesced rapidly. On the 27th of June I saw him the last time; found him 1 or 2 miles from home, the tumor entirely subsided, save some induration of the parts about the navel, opening almost healed. Soon went about his business.

I send this imperfect report of (to me) a rare and interesting case, never having seen one or the report of one just like it. Dr. Elwood never saw but one, and that proved fatal. Dr. Edson never saw one just like it. These men have practised in this county more than twenty years, and are acknowledged to be the best in it. Will you or some of your numerous correspondents make strictures on the above, as I am young, have but just learnt my alphabet in medicine, and wish instruction.

Yours, very respectfully, GEORGE P. HOWARD, M.D.

Adams Basin, N. Y., Jan. 22, 1839.

ANTIQUITY OF LITHOTRITY.

[OUR readers cannot but be interested in the following communication from the venerable and celebrated Dr. Coxe, of Philadelphia. His name carries us back to the days of Rush, Wistar, and other great men in the science of medicine, who were ornaments to the age in which they lived. It rarely happens in these times that physicians evince that laborious research after knowledge which characterized those distinguished pioneers in medicine on the Continent of America. The construction of the paper from Dr. Coxe brings to mind the character of the old school of medical philosophers—they were indefatigably persevering in the pursuit of truth.—Ed.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the No. of the Boston Medical and Surgical Journal of January 9th, page 361, is an interesting paper, headed "Documents in the History of Lithotry, principally among the Arabians," &c. In it we find a passage cited from Albucasis on the subject, as seems to be inferred, from an edition of 1519 of his "*liber Theoriæ rec (nec. qu.) non practicæ.*"

I have never met with the work in question, but have two editions of his work on Surgery—the one entitled "*Albucasis Chirurgicorum omnium Primarii, Lib. tres,*" in fol., printed at *Argent.* (Strasburgh, I believe), an. 1532—together with the four books of Octavius Horatianus on medical subjects, and both apparently translated into Latin by Hieronymus Gemusæus, in connection with several other ancient writers on different subjects relating to medicine. This is also in Latin, and fol. form. Both of them contain, under the head "*de extractione Lapidis,*" ch. 60, the quotation given in English by you from J. Channing's translation; and as it may interest your readers to see the Latin version of the above old editions, I copy it out, at least of one of them, for they differ slightly from each other; neither of them, however, terminate as in the English, with the pious ejaculation there given, nor is their division of the different sentences, respectively, the same; nor do the figures of the instrument employed, correspond with that given in your Journal.

"*Quod si lapis est parvus, et sit in meatu virgæ, et figitur in eo, et prohibet urinæ exitus: tunc cura ipsum ea ratione quam exposui antequam pervenias ad sectionem. Multotiens enim fit per hanc curationem ut nihil opus sit sectione. Ego enim probavi illud; necesse est autem ut accipias perforatorium ex ferro alfelud (alferico, alter) cujus hæc est forma.*



The figure in the other copy is nearly the same, but better executed and more ornamented.

Triangulatæ extremitatis acutum fixum in ligno. Deinde accipe filum, et liga cum eo virgam sub lapide ut non redeat ad vesicam. Deinde intromitte ferrum perforans in virgam cum facilitate, donec per-

veniat perforatorium ad ipsum lapidem, et revolve perforatorium manu tua in ipso lapide paulatim, et coneris perforationem ejus, donec facias ipsum penetrare à parte altera. Urina namque absolvitur statim, deinde preme manum tuam super illud quod remansit ex lapide ab exteriori parte virgæ. Ipse enim frangitur, et egreditur cum urina, et sanatur infirmus. Si autem non succedit hæc curatio propter aliquid quod prohibet ab illo: tunc liga filum sub lapide, et filum alium supra lapidem. Deinde seca super lapidem in ipsa virga inter duas ligaturas. Deinde extrahe ipsum, postea solve ligamentum, et mundifica sanguinem congelatum qui fit in vulnere. Et non est necessarium ligamentum fili sub lapide, nisi ut non redeat ad vesicam, et ligamentum aliud desuper, nisi ut quando solvitur filum post egressionem lapidis, redeat cutis ad locum suum, et cooperiat vulnus: et propter illud necesse est tibi quando ligas filum superius, ut eleves cutem ad superiora, ut redeat exempto lapide in locum suum, et cooperiat vulnus sicut diximus."

It is obvious, from the whole of this extract, that the process of teredration directed refers to a calculus in the urethra, and not in the bladder—as the first quoted passage in your paper would more directly indicate. I should, however, desire to see the original, since I can scarcely imagine so interesting a direction would occur there, and not be renewed in this especial chapter of the *Surgery de extractione Lapide*, in which the operation is detailed. I cannot find, in any part of this work, a hint of any kind that would lead to a suspicion that lithotrixy was by Albucasis supposed applicable to the stone in the bladder itself. Something like an idea of this nature appears, however, to have impressed itself on the mind of Marianus Sanctus, a celebrated Italian surgeon, who wrote a "*Compendium Chirurgiæ*," which was published at Venice, and subsequently (1555) at Tiguri, in a collection of surgical writings, entitled "*De Chirurgia Scriptores optimi quique Veteres et recentiores, plerique in Germania antehæ non editi, nunc primum in unum conjuncti volumen.*"

In this work of Marianus, amongst other treatises, is one entitled "*Libellus aureus de Lapide vesicæ per incisionem extrahendo*;" and another, "*de lapide renum et vesicæ Libellus*"—in the last of which, after speaking of the stone, and its symptoms, &c., among other observations is the following (p. 182). "*Verum si quis modus erit lapidis in vesica frangendi, vel solvendi sine nocumento et periculo, experientia comprobatus, diectur in vostro commento, quod in tertio à capite ad pedes usque Avicennæ componemus, sub quo indicans ratio, et experimentum alliciens merentur.*" I cannot find the comment to which allusion is made, and therefore know not to what it amounts. I have looked into Avicenna, but discover nothing allied to it in those parts of his work which treat of the stone; it would, nevertheless, appear, from the extract I have given, that the subject had been considered, if not carried into effect, by Marianus; and I regret therefore that I have nothing to direct me further in its research.

If this communication is adapted to the nature of your excellent Journal, it is much at your service; if not, it has not been altogether useless to me in the research it has led to, for I have lighted on some

other topics of much interest, in the works of the old writers who are herein named. I am, very respectfully, your obt. servt.,

Philadelphia, Feb. 1, 1839.

JOHN REDMAN COXE.

P. S.—I have copied the above as we should now write the words ; in the old authors, it is usual to have many contractions, and to write the letter *v* as an *u*, almost uniformly, which renders their works at times somewhat difficult and obscure.

J. R. C.

ABUSE OF CATHARTIC DRUGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A remark of yours in the Journal some time since fell under my observation, concerning the abuse of cathartics by sailors. I am led to think that they are not the only class to whom your remarks would apply. Let one notice the advertisements of our nostrum venders, and he will have some idea of the demand for cathartic medicine that can thus support the advertising columns in almost every newspaper in the land. I would not be understood to think that all nostrums are cathartic ; but you will find that far the greater part are of this class—and why ? because the popular cry is, give us *physic*, i. e., something that will purge smartly ; and if it does not do this thoroughly, the medicine is good for nothing. Our pill-venders, aware of this popular notion, endeavor to form their pills to meet the public sentiment. Accordingly they use the most drastic, and many of them the most acrid stimulating resins. These imperfect compounds, formed often by inexperienced apprentices, are supplying the community with their most common *family pills*. Every practitioner who has been one year in practice must have witnessed cases of disease caused or aggravated by the use of patent pills. Now why is it that regular practitioners give their aid in upholding this system of quackery—either in using or recommending them ? They are not all, perhaps, equally detrimental ; but in my opinion every physician should use his own compounds in preference to this patent stuff. A practitioner of 30 years' experience, in speaking of *Brandreth's pills*, says "they are only useful in *cleaning out chimneys*."

To show that I have some grounds for the above remarks, I will mention a case.

August 27, I was called to visit a lad about 8 years old ; found him much prostrated ; his pulse small and hard ; had been vomiting for several hours ; his tongue white in the middle, with red edges, and great thirst ; was evidently laboring under *gastritis*. Venesection, anodynes and mucilages, with a blister to the epigastrium, with occasional enemata, was the first part of the treatment. Under this course he seemed to recover for 24 hours ; but the heat and pain in the stomach returned, with great thirst and vomiting, and he died in 6 days.

From the parents I learned that he had *diarrhœa* for some days, oc-

casioned, they supposed, by eating too much fruit. The day before I was called, a friend had prescribed, as a certain cure, *Brandreth's pills*. He took 5 of these pills, which occasioned violent vomiting and purging. Whether this inflammation of the *primæ viæ*, which terminated in death, was occasioned or aggravated by the use of Brandreth's pills, I leave others to judge.

N. B. PICKETT.

Gt. Barrington, Dec. 26, 1838.

SEA-SICKNESS.

[THE following discussion on the causes of sea-sickness took place at a late meeting of the Medical Society of London.]

Dr. J. Johnson said, that having had sixteen years' experience respecting sea-sickness, he would offer an opinion on its cause. He had never gone to sea, even although he had only been a fortnight on shore, without being sick, if there was any breeze at all. He had long come to the conclusion that the sea, *per se*, had nothing to do with the matter, but that the morbid effects were entirely owing to the motion. They were produced partly through the eye and partly through the body generally. The eye was not the only medium through which the impression was made, for persons were sick, though not to the same extent, when in bed with the eyes closed, showing that another cause was in action. During all great earthquakes, as that of Lisbon, sea-sickness was very prevalent, arising from the agitation of the body and the sight of objects reeling. He was quite convinced that the impression was first made upon the brain and nervous system; for, before the nausea came on he invariably felt a giddiness and unsteadiness about the head, indicating derangement of the sensorium; the next impression was on the circulation; before vomiting he noticed the face to be pale and the pulse small. The vomiting was an effort of nature to restore the equilibrium of the circulation and sensation. In proof that the agitation of the body was the chief cause, it was known that those who reposed in a well-slung cot, in which the agitation was considerably diminished, suffered far less than those who remained standing. The old *palliative* of sea-sickness was the horizontal position in the open air, and the bandaging of the eyes. He was in the habit of getting into the main or mizen rigging and covering his eyes. Ladies should go to bed, keep their eyes shut, and their stomachs empty.

Mr. Roberts thought that no satisfactory explanation had yet been given of the cause of sea-sickness. An idea on the subject had occurred to his mind. It was known that certain sets of muscles act simultaneously; that, for instance, the abdominal muscles, the diaphragm, and the muscles of the pharynx, were all concerned in the action of vomiting. To irritate any of those various muscles would be sufficient to throw them all into action; thus tickling the fauces produced vomiting. It appeared to him that when persons were at sea, there was a possibility that, in attempting to maintain their equilibrium during the rising and falling of the ship, the abdominal muscles were thrown forward and re-

tracted, and that the mouth and pharynx were open, and that sickness, after a time, was produced by these causes.

Mr. Pilcher believed, that the cause of sea-sickness was more likely to be dependent on that vibration of the brain* which was produced by the rolling of the vessel. The brain thus shaken, as in cases of slight concussion, was not able to perform its functions. The morbid impression was conveyed by the par vagum, not only to the stomach, but to the various other organs of the body, through the influence of the nervous system. When a bandage was placed round the eyes, or the person fixed his gaze firmly on some immoveable object, the brain was not so much shaken, the body itself being more fixed.

Dr. Bennett had found, in his own person, that the first impression was made upon the stomach, before any perceptible effect had been produced on the brain. He believed, however, that the brain was first affected. Regarding the palliative of sea-sickness, lying *across* the ship and pressure applied to the epigastrium, as recommended by Dr. Pemberton, he had found frequently, though not always, beneficial. In a gentleman he (Dr. B.) knew, the sight of the undulatory motion of a looking-glass produced the sensation of sea-sickness.

Dr. Whiting thought the view most accordant with fact was, that there was a primary cause in action in all cases; but that it required, in most instances, the occurrence of some secondary cause to affect the stomach and produce nausea and sickness. We found, for instance, that a person might be exposed to malaria and not become affected, but when some depressing cause came into operation, such as debility or want of food, the malaria took effect. In others, this secondary cause was not required. So, in sea-sickness, some became affected by merely seeing others sick, &c. He believed that the primary cause depended on the motion of the body up and down. But how did this motion produce sea-sickness? The first action of this motion was on the circulation. He had found his brain perfectly free until the occurrence of the vomiting. When the ship pitched he had felt a sensation about the epigastrium, which feeling he considered did not lie in the stomach itself, but in the large vessels which ran along the trunk. By this rising and falling of the circulating fluid, the blood was forced upon the brain, and left it as suddenly, and hence the production of the nausea and other effects.

Mr. Carter believed that the morbid impression was first made on the nervous system, perhaps through the medium of the eye. He knew an instance in which two gentlemen, who were experienced voyagers, and laughed at sea-sickness, became affected by watching the oscillations of a lamp in the cabin.

* This is the theory of Baron Larrey, who also gravely assures us, that if persons inhabiting the sea-coast be less liable to sea-sickness than those dwelling inland, it is because the former have less brains to be shaken than the latter.—Ed. LANCET.

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BOSTON, FEBRUARY 13, 1839.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

THE TWENTIETH VOLUME of this periodical commences to-day. It gives us pleasure to acknowledge the kindness and sustaining influence of the medical profession, throughout the United States, towards this publication. Its patronage has been steadily and permanently increasing, till it has finally grown strong by age, and it now circulates through every State in the Union. We still solicit the contributions of those who feel that medicine is a progressive science.

MEDICAL SCHOOL OF CONNECTICUT.

IN 1810, as we learn from Dr. Knight's introductory discourse, the Legislature of Connecticut established the Medical Institution of Yale College, on the joint application of the College Corporation and the President and Fellows of the State Medical Society. In the winter of 1813-14 the first course of lectures was delivered.

In looking at the catalogue for the present term, we regretted to find that only 46 students were in attendance. At first, it appeared like a want of confidence in an institution which, in times past, has had a most liberal patronage. But this is in fact about in keeping with most of the schools throughout the United States in 1838. However, in the case of Yale, the catalogue does not give the whole number, as the lectures commenced some weeks after the beginning of the academical term, and in consequence of this, the general catalogue was hurried out before the whole class was assembled. We are informed that the actual number in attendance has been 51. But this is too small for an institution which possesses such advantages for a finished medical education. This school has not been guilty of the dishonesty practised by some in this country, of magnifying its patronage by the addition of fictitious names to the annual catalogue and circular. That is not only a mean piece of artifice, but it operates invariably against the prosperity of a school that condescends to such contemptible trickery. With regard to the State of Connecticut, from all we can gather on this point, it appears that but few of her native medical students go away for an education. Only about half the number, however, are now to be found in the State, which constituted the average for the last fifteen or twenty years. And although many go to New Haven from abroad, still, as the whole number of students has diminished nearly in the same ratio throughout New England, and in New York, it is by no means strange the class has become small. A variety of new projects has been developed within the last six years, to divert the minds of young men from the sober business of scientific investigation, or the study of a learned profession; they have too generally been ambitious to spring into the vortex of speculation, with the hope of speedily realizing a fortune. Thus the whole number of medical students is not so large as it was a few years ago, in relation to the entire population; and it is altogether probable that for years to come the classes in all our institutions will be small.

We feel a respect for the medical department of Yale, because no effort seems ever to have been made to force it into undue notoriety. A plain dignified course has characterized all its operations: the faculty, distinguished for their scientific attainments, have never been obtrusive, nor manifested a disposition to increase their importance by defaming or undervaluing their neighbors.

We know but little of the medical professors from their writings, with the exception of the present incumbent of the chair of anatomy. Dr. Hooker's papers on the diseases of the heart, and on other subjects, originally published in this Journal, have been extensively circulated. Professor Silliman has a fame as wide as the boundaries of science. There is no place on the Continent of America, we are bold to affirm, where chemistry is taught with more profit or from higher authority than from this gentleman. Dr. Knight, the professor of surgery, is a polished lecturer. It has not been our happiness to hear him discourse either on anatomy or surgery; but those who have, speak of his finished manner of communicating instruction, his eminent qualifications to sustain with dignity the chair to which he was the last season appointed, and his total freedom from everything like inflated pride, or a disposition to misrepresent himself or others. Dr. Tully is public property, being known everywhere, and to comment, therefore, either on his matter or manner, would be useless. We could not lessen his claims upon the community were we disposed to make the experiment, nor raise him in the esteem of good and wise men, by any effort whatever. Drs. Ives and Beers we know less of than the other members of the faculty; having never heard a word of complaint, it is presumed that they conduct their sections of instruction with perfect satisfaction.

In the anatomical collection there is nothing wanting to give facility to study. The museum is extensive, and well arranged. A new dissecting room was recently constructed, which is well supplied with subjects. A subject costs about fifteen dollars, but there is no other expense attached to the room, which brings the bill for pursuing a systematic course of anatomical dissections much lower than it is in Boston, New York or Philadelphia.

For the free manner in which we have spoken of the members of this school, no apology will be made, inasmuch as we entertain feelings of high respect for them, and have endeavored to say nothing of them but what we believe to be the truth. An active correspondence will enable us to speak with equal freedom of other institutions at the south and west, at a fitting season.

Counsellors' Meeting.—Agreeably to appointment, the Counsellors of the Massachusetts Medical Society met at the Athenæum, at 10 o'clock, on Wednesday last. Notwithstanding the severity of the weather, there were thirty members present. Various reports were read, and committees appointed, to whom subjects were referred for consideration. Drs. Walker and Strong were selected to examine the treasurer's account, and Drs. Morrill and Hooker to inspect the library and cabinet. Dr. Stephen K. Wardwell, of Hardwick, was elected a fellow. Several propositions were made of considerable importance to the Society, which are to be acted on at a future day—with reference to which, there will be an adjourned meeting on the first Wednesday of April next, at the same hour and place, which should be kept in recollection.

A History of the New York Kappa Lambda Conspiracy.—This is a pamphlet of 32 octavo pages, in a close, compact type, which is a reprint of a series of pungent essays originally published in the *New York Whig*—in that particular department of the paper designated the *Medical Examiner*. The author is no respecter of persons—when engaged in ferretting out evil-doers. Bold and fearless, he has driven a wedge in amongst the medical monopolists of New York, that must have rent the brotherhood in twain at the onset. He is just the man for the station he now occupies—a watchman upon the tower, ready at all hours to sound a trumpet when the enemy appears. Things in physic must be in a bad way in that great city, when the profession, like the descendants of Ishmael, are at war, not only with each other, but with the whole world besides.

Guaco.—Mr. E. Wight, a highly respectable druggist, in Milk street, has repeatedly offered this celebrated article to physicians gratuitously, if they will only apply; but to the disgrace of the profession, in this boasted age of medical improvement, there has not yet been a single applicant. It is said to be the juice of a plant growing at Rio Hache. The efficacy of the guaco in rheumatism is represented to be extraordinary. This class of patients abounds everywhere; and since this proposed remedy can be had for nothing, it is to be hoped there is enterprise enough remaining amongst our practitioners to ask for it, at least, even if they never use it.

Dr. Gallup's New Work.—There is just space enough for acknowledging the reception, from Messrs. Otis, Broaders & Co., of this city, of two beautifully-printed volumes, large octavo form, by our venerable friend and correspondent, Joseph A. Gallup, M.D., on the *Institutes of Medicine, &c.* A more perfectly executed medical book never came from the American press. We shall by no means neglect the claims of this finished production.

Sprained Joints.—Is it generally known, Mr. Editor, that bathing a sprained joint in warm water in which soot is mixed, is an effectual and almost instantaneous cure?
J. BYLES.

Premium Essay on the Opium Trade.—In the month of April, 1837, the editor of the *Chinese Repository* had placed at his disposal £100, to be awarded for the *best essay on the opium trade*—showing its effects on the commercial, political and moral interests of the nations and individuals connected therewith, and pointing out the course they ought to pursue in regard to it. All manuscripts which might accumulate by October last, from any part of the world, were to be forwarded to the address of the Chairman of the Society for the Diffusion of Useful Knowledge, London. It is to be hoped that the successful essay will be liberally circulated in this country, for two important reasons. In the first place, the secret consumers of opium in the United States are vastly more numerous than is suspected. Opium-eating is a terrible vice, often detected in the highest circles, for the opulent only can gratify the propensity without restraint. Secondly, is it not generally understood that some American

merchants, of great capital, have accumulated their wealth by forcing immense quantities of gum opium into China, contrary to the known laws of the empire?

Medical Miscellany.—In 1836 it was computed that there were in London 300 physicians, 580 chemists, and 1100 practising surgeons, exclusive of a multitude of medical pupils. From 1744 to 1800, the deaths in that city exceeded the births by 267,000, being on an average, annually, a loss of 4,700 persons. From 1801 to 1830, the births exceeded the deaths by 102,975—an average of 3,500 per annum.—Samuel F. McGill, a colored man, who was educated at the Medical School of Dartmouth, where he remained three years, recently sailed in the Brig Oberon, for Liberia, where he intends to establish himself for life.—A class of thirty-three young gentlemen took the degree of M.D., January 23d, at the Fairfield Medical School.—Mr. Burke, the phrenologist, who lectured at the Athenæum, in this city, the last summer, is now discoursing on the same subject at Albany.—The medical students of Cincinnati College have petitioned the Legislature of Ohio, in consequence of being denied the advantages of the Commercial Hospital. It seems the students of the Ohio Medical College monopolize the seeing of the practice there.—A Thomsonian announces his success in curing insanity by the use of "*tea, No. 3, with a requisite portion of lobelia and nerve powder,*" which was administered by force.—Efforts are making to give Mr. Combe a class of three hundred to attend his phrenological lectures at the Stuyvesant Institute, New York, on the 15th of April.—A dangerous typhus has lately prevailed in France, in the mountainous districts of Oude, which carried off six hundred persons.—A physician was recently drowned while skating above Louisville, Ky.—A man in Springfield, Illinois, lately lost his life in consequence of taking 300 Hygeian pills, prescribed by an empiric.—There were only 407 deaths in the city of Lowell in 1838—of these, 65 died of consumption.—Dr. James Macdonald, physician of the colored orphan asylum, New York, presented a report to the managers, the other day, in which he attempted to explain the cause of the unusual mortality in the institution the past year. There were only 8 deaths, however, in the whole. The report has been most singularly criticised and skeletonised in a paper called the *Colored American*, conducted by a pair of shrewd colored editors.—In 1835, out of 993,833 births in France, 74,727 were illegitimate. In 1836 the births were 979,820, of which 73,302 were born out of wedlock.—The varioloid is prevalent at Louisville, Ky.—and the smallpox near by.—The Georgia Legislature have imposed a tax on quacks.—Several persons have died of hydrophobia at Cootisville, Penn.—Dr. Baxley, of Baltimore, has successfully performed the formidable operation of taking out one half the under jaw of a lady, for osteo-sarcoma.

TO CORRESPONDENTS.—The paper on the eye, from Dr. Wallace, of New York, is received, and will have early attention. Other favors are also on hand.

☞ The title-page and index of Vol. XIX. will be forwarded to subscribers as soon as it is printed.

DIED.—At New York, Dr. Joseph Mechlin, of Mobile, 35.

Whole number of deaths in Boston for the week ending Feb. 9, 39. Males, 23—females, 16.
Of consumption, 5—dropsy in the head, 1—teething, 1—brain fever, 1—typhous fever, 1—fits, 1—quincy, 1—fractured skull, 1—sudden, 1—scarlet fever, 5—cramp in the stomach, 1—disease of the heart, 1—hemorrhage of the lungs, 1—worm fever, 1—convulsions, 1—cachexia, 1—marasmus, 1—inflammation of the bowels, 1—croup, 3—disease of the brain, 1—lung fever, 2—erysipelas, 1—intemperance, 1—infantile, 1—stillborn, 4.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsed Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Hammon, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Brewster, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Comptrol; Stensell, Lee, Morrison, Surgeon General, &c.; by Dr. Morann, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Douches d'Orléans; Professors Velpeau, Bérard, Paul Dubois, Gannaz, and others—and in New York by Professor J. W. Francis; G. B. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Deland, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Dunn; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Klemm, Vache, Fowar, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,

Office 4 Vesey Street, Astor House, New York.

30 A constant supply of the above instruments will be kept by Read, Wing & Cutler (late Lowe & Read), No. 54 Chatham street, Boston. Lowe & Read have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most prompt relief. Price \$15. Feb. 13—5m

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1859—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston. J 15.

MEDICAL INSTRUCTION.

These subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallest and varied diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

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M. S. PERRY, M.D.

H. I. BOWEN, M.D.

J. V. C. SMITH, M.D.

H. G. WILEY, M.D.

July 25—sept—ently

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lycep

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Oct 31—opt

GEORGE C. SHATTUCK,

WALTER CHANNING,

JOHN WARE,

GEORGE W. OTIS, Jr.

WINSLOW LEWIS, Jr.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post-paid, without which no letter will be taken from the post office. Oct. 2

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